CCCHP Grant Program



REQUEST FOR PERMISSION TO UNDERTAKE STRUCTURAL OR VISUAL ALTERATIONS

Name of Organization or Owner Requesting Permission:					
			Year Property Built:	Expiration Date o	f Covenants:
			Organization or Owner is requ	venants (Stipulation 2) in effect on the pro esting written permission to undertake vi mentation. (Use as many pages as needed	sual or structural alterations as
Submit request form, descrip ccchp@shpo.nv.gov or by m	otion of work, and supplementary materia	als to			
	State Historic Preservation Office 901 S. Stewart St., Ste. 5004 Carson City, NV 89701-5247	ce			
Proposed work must not beg Preservation Office.	in until this form has been reviewed and	approved by the State Historic			
Service's Technical Preservati	must follow the SOI Standard for Rehabi on Services website (https://www.nps.gov through the preservation tech notes and p	/tps/standards.htm) Click on the top			
Secretary of the Interior (SO) treatments/treatment-rehabi	I) Standards for Rehabilitation: https://ww litation.htm	vw.nps.gov/tps/standards/four-			
Request Submitted by:					
Print Name	Signature	Date			
Title	Organization (if applicable)				
Email	Phone				

CCCHP Handbook - Permission Form page 27.

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Name of Organization or Owner Requesting Permission: Documentation (*required) Please check boxes for all attached documentation.			

Description of Proposed Work (attach additional pages as needed)